

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025**1. Corporate ID No.** 000114549**2. Name of Corporation** Neighborhood Health Plan of Rhode Island**3. State of Incorporation**State: RI**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

524114**4. Principal Office Address**No. and Street: 910 DOUGLAS PIKECity or Town: SMITHFIELD State: RI Zip: 02917 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**HEALTH MAINTENANCE ORGANIZATION**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	PETER MARINO	910 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
TREASURER	MERRILL THOMAS	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
CHAIR	ALISON CROKE	823 MAIN STREET HOPE VALLEY, RI 02832 USA
VICE CHAIR	BRENDA DOWLATSHAHI	1126 HARTFORD AVE JOHNSTON, RI 02919 USA
DIRECTOR	CHARLES JONES	186 PROVIDENCE ST WEST WARWICK, RI 02893 USA
SECRETARY	LISA RANGLIN	THREE REGENCY PLAZA, STE 3 EAST PROVIDENCE, RI 02903 USA
DIRECTOR	CRISTINA PACHECO MD	39 EAST AVE PAWTUCKET, RI 02860 USA
DIRECTOR	ELIZABETH CATUCCI	6 BLACKSTONE VALLEY PL, BUILDING 402, 2ND FLOOR LINCOLN, RI 02865 USA
DIRECTOR	DANIEL DAPONTE	400 MASSASOIT AVENUE, SUITE 112 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ALLISON BRINDLE MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	PABLO RODRIGUEZ M.D.	407 EAST AVE-STE 150 PAWTUCKET, RI 02860 USA
DIRECTOR	PETER BANCROFT	36 BRIDGEWAY PASCOAG, RI 02859 USA
DIRECTOR	DIOSCARIS GARCIA	26 CEDARBROOK ROAD PAWTUCKET, RI 02861 USA
DIRECTOR	YAHAIRA PLACENCIA	100 WESTMINSTER ST PROVIDENCE, RI 02908 USA
DIRECTOR	ELENA NICOLELLA	235 PROMENADE STREET, SUITE 455 PROVIDENCE, RI 02908 USA
DIRECTOR	RILWAN FEYISTIAN	15 SOUTH WILLIAMS STREET JOHNSTON, RI 02919 USA
DIRECTOR	CHRISTOPHER MANSFIELD	1 CAPITAL WAY CRANSTON, RI 02910 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of April, 2025 at 10:20:43 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are*

true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By PETER M. MARINO
Signature of Authorized Person

Form No. 631
Revised 09/07

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